IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Tadashi Shimazaki

: Art Unit: 3737

Serial No.: 10/698,310 : Examiner: Brian L. Casler

Filed: October 31, 2003

For: ULTRASONIC PULSE

TRANSMISSION METHOD AND

ULTRASONIC DIAGNOSTIC APPARATUS

Mail Stop: RCE

Commissioner for Patents P.O. Box 1450

Alexandria, VA 22313-1450

TRANSMITTAL

Transmitted herewith is:
 RCE Transmittal (3 pages)
 Extension of Time Transmittal (3 pages)

STATUS

2. Applicant

claims small entity status.
is other than a small entity.

1

EXTENSION OF TERM

3.	1.136 apply.									
(a) Applicant petitions for an extension of time under 37 C.F.R. 1.1 (Fees: 37 C.F.R. 1.17(a)-(d) for the total number of months checked bel										
Ext	ension for response within:	Other than small entity Fee	(if applicable)							
	first month	\$ 120.00	\$ 60.00							
	second month	\$ 450.00	\$ 225.00							
	third month	\$ 1,020.00	\$ 510.00							
	fourth month	\$ 1,590.00	\$ 795.00							
	fifth month	\$ 2,160.00	\$1,080.00							
		Fee Due	\$ 1,020.00							
If an additional extension of time is required, please consider this a petition therefor. (Check and complete the next item, if applicable)										
	An extension of more therefor \$ is deducted of extension now requested	d from the total fee due t								
	Extension fee due with this request \$ 1,020.00									
	OR									
	conditional petition is being ma	Applicant believes that no extension of term is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.								

EEE FOR CLAIMS

l. ′	The fee	for cla	ims (37 C)-(d)) has b	een calculated as s	hown	below:		
	(Co	L 1)		(Col. 2)	(Col. 3)	SMALL ENTITY		SMALL ENTITY		
_	REM/ AF	NIMS VINING TER DMENT	MINUS	HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA	ADDITIONAL. RATE FEE x \$25.00 - \$	OR	ADDITIONAL RATE FEE x \$50.00 - \$		
TOTAL INDEP.			MINUS		-	x \$100.00 - \$		x \$200,00 - S	-	
	FIRST	PRESEN		MULTIPLE DEP. (Y.AIM	+ \$180.00 - \$		1 \$360.00 - \$	_	
-	_ 1465		_			TOTAL ADDITIONAL FEE \$	OR	TOTAL ADDITIONA FEE S	ı.	
	(a)	\boxtimes	No add	itional fee for	r Claims is	required				
	(b)		Total ac	ditional fee		required \$				
	FEE PAYMENT									
5.		Attacl	ned is a c	heck in the su	um of \$					
	Charge Deposit Account No. 01-2384 the sum of \$1,020.00. A duplicate of this transmittal is attached.									
				FEE I	DEFICIEN	CY				
6.	If any additional extension and/or fee is required, charge Deposit Account No. 01-2384.									
	AND/OR									
		If any 2384.	addition	al fee for clai	ims is requi	ired, charge Deposi	it Acc	ount No. 01-		
7.		Other	:							
					Reg AR One St. I	rick W. Rasche J. No. 37,916 MSTRONG TEAS E Metropolitan Squ Louis, MO 63102 /621-5070				